

FRANCHISE TAX BOARD

PO BOX 419001

RANCHO CORDOVA CA 95741-9001

TELEPHONE (916) 845-5344

FAX (916) 843-2460

INTENT TO PARTICIPATE

(Complete both sides of this form, sign, and either fax or mail it to us)

Note: State agencies and colleges use form FTB 2280 PC for collection purposes.

Agency type: ☐ State/College ☐ City/County

1. Agency name _____

Division/branch _____

2. Agency code _____

(Enter the two-digit code assigned to your agency by FTB.)

3. Process year 2007

4. Public contact unit. (Please provide an **address and phone number for your debtors** to contact you directly.)

If your agency permits in-person inquiries regarding debts, please provide a street address and include the floor, room, and/or suite number. For agencies that do not have a public contact window, provide a post office box.

☐ Please check this box if the public contact unit is a collection agency/service.

Agency name _____

Unit name _____

Address _____

Room/suite/floor _____

City _____

State _____ Zip code _____

Telephone (____) _____ Ext. _____

5. FTB Intercept Program liaisons:

Please provide the names and **direct** telephone numbers of up to three individuals that our intercept staff may contact to resolve issues or obtain account information. These individuals should be authorized to make requests for intercept services from FTB.

(Note: Do not list a collection agency's contact person in this portion; only the authorized participating agency's contact(s) should be listed here.)

a) Name _____

Position _____

Telephone (____) _____ Ext. _____

Email address: _____

(Email addresses may be provided to the State Controller Office for billing purposes.)

b) Name _____

Position _____

Telephone (____) _____ Ext. _____

Email address: _____

c) Name _____

Position _____

Telephone (____) _____ Ext. _____

Email address: _____

6. Address that FTB will use to send intercept listings, warrants, fund transfers, media submissions, and billings to your agency:

Agency name _____

Unit name _____

Address _____

Room/suite/floor _____

City _____

State _____ Zip code _____

Contact name: _____

Telephone (____) _____ Ext. _____

Email address: _____

FAX number: (____) _____

7. Please Select Your Agency Type (one only):

☐ **State agencies & colleges only:**

Please only select item 1 or 2. The Controller will credit the intercepts accordingly:

1. General checking account number:

_____ (Three digit number)

2. Special Fund Name: _____

(Fund #) (Org. Code)

Prior Yr. ☐ Current Yr. ☐

(revenue accounts only)

Controller's account number: _____

(Contact your accounting office for this number)

- OR -

☐ **City and county agencies only:**

A warrant will be issued to your agency listing the intercept funds sent to you.

AGENCY CERTIFICATION

(Must be signed and completed in full)

This document notifies FTB that the _____ AGENCYCOLLEGE _____ plans to participate in the Interagency Intercept Collections program for the 2007 process year. In doing so, I certify that all debts submitted for offset comply with the following Government Code Sections (please mark one):

☐ State agencies and colleges — 12419.5, 12419.7, 12419.9, 12419.10 and 12419.11

☐ County and city agencies — 12419.8 and 12419.10

I also certify that the _____ AGENCYCOLLEGE _____ agrees to pay administrative costs to the California State Controller Office for processing these offset accounts, and that I am authorized to request services on behalf of this agency/college.

In addition, I certify that all records, copies, files, and media submissions received by the _____ AGENCYCOLLEGE _____ from FTB shall be destroyed in a manner acceptable to FTB. The _____ AGENCYCOLLEGE _____ will then notify FTB when the records are destroyed. FTB approved destruction methods permanently render this data unreadable and unusable, and these methods include:

Degaussing and magnetizing disks.

Damage to disks that prevents their use in any disk drive.

Criss-cross shredding if the shreds are 5/16 inch or smaller.

I further agree that our agency/college's fax signatures sent to FTB should be treated as original signatures.

Signature _____

Date _____

Title _____

Telephone _____

◆ ***FTB will not send or receive taxpayer social security numbers via regular Email. Please do not use regular Email to request sensitive taxpayer information. However, to register for secured Email, contact our intercept liaison at (916) 845-5344.***